

**Labor Organization Officer
and Employee Report**

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards



This report is mandatory under P.L. 93-257, as amended. Failure to promptly return it to the Office of Labor-Management Standards will result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 409,410.

Form approved - OMB No. 1215-0188
Exhibit 11-30-2002

015379

1. Name and address of person filing

Connie Williams
1190 Durfee Avenue, Suite 200
S. El Monte, CA 91733

2. Name and address of labor organization

Miscellaneous Warehousemen Drivers
and Helpers Local 986
1190 Durfee Ave., Suite 200
S. El Monte, CA 91733

3. Position in labor organization
Trustee

4. Date fiscal year ended

12/31/00

5. File number (if applicable)

0-1918

Date appropriate date below, during the past fiscal year, you or your spouse or minor child directly or indirectly held any of the following interests in any entity (as specified in the questions set forth in the instructions):

6. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employee unless your organization represents or is actively seeking to represent.

7. Nature of Employer

Address of Employer

8. Nature of interest, transaction or income

9. Held an interest in or earned income or economic benefit with monetary value from a business: (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or dealing or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

10. Name of business

Address of business

American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797

11. Business dealt with:

10. UBB or PC is checked give trust or employer's name

A. Labor Organization B. Trust C. Employer

N/A

12. Nature and approximate dollar value of such dealings

Premium paid for AD&D Policy by insurance company
11/99 - 7/00 \$2.79

13. Nature of interest, transaction or income

Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986.

14. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

15. Name and address of employer

Consultant

16. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

17. Signature and verification—The undersigned personnel under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated herein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Connie Williams at S. El Monte, CA on 8-3-2000
City State Date

